

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS665HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/03/2009
NAME OF PROVIDER OR SUPPLIER UMC RANCHO REHABILITATION CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 4333 N RANCHO DRIVE LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/03/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00022178 was substantiated with deficiencies cited. (See Tag S 322) Complaint #NV00022184 was substantiated with deficiencies cited. (See Tags S 300, S 310, and S 314)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	S 000		
S 216 SS=D	<p>NAC 449.340 Pharmaceutical Services</p> <p>2. The pharmacy and area for drug storage must be administered in accordance with all applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation, interview and document</p>	S 216		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 216	Continued From page 1 review the facility failed to ensure expired intravenous solutions were removed from drug storage areas and unavailable for patient use as follows: 1. Eight 100 cc 0.9 Normal Saline intravenous solution bags with an expiration date of 08/09 were observed in a drug storage area in the facility medication room on 9/3/09. Severity: 2 Scope: 1	S 216			
S 300 SS=D	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure staff followed facility fall assessment and prevention policies and procedures and implemented more aggressive nursing interventions to prevent a patient at risk for falls from falling twice and sustaining injuries. (Patient #2) Severity: 2 Scope: 1	S 300			
S 310 SS=D	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of	S 310			

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S 310	Continued From page 2 the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure staff conducted accurate fall prevention assessments and implemented aggressive nursing interventions to prevent a patient from falling twice and sustaining injuries. (Patient #2) Severity: 2 Scope: 1	S 310		
S 314 SS=D	NAC 449.3624 Assessment of Patient 3. The hospital shall ensure that the hospital staff develop and keep current a plan of care for each inpatient based on the assessed needs of the inpatient. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure staff updated the Interdisciplinary Plan of Care after a patient, who was classified as an extremely high fall risk and potential danger to himself, fell twice sustaining injuries. (Patient #2) Severity: 2 Scope: 1	S 314		
S 322 SS=D	NAC 449.3628 Protection of Patients 2. The governing body shall develop and carry out policies and procedures that prevent and prohibit neglect and misappropriation of the personal property of a patient.	S 322		

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S 322	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to carry out policies and procedures to prevent the loss of personal property and to ensure that clothing and property was returned to a patient upon transfer to another facility. (Patient #1)</p> <p>Severity: 2 Scope: 1</p>	S 322			

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